	9/6:	11020	8
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY			
FOR NUMBER SHED NUMBER SYTEM	FEE	RATE	FEE
BASIC FEE 3	345.00 OF	A SAME	
TOTAL CLAIMS 25 minus 20= 5 X\$ 9=	OF		90
INDEPENDENT CLAIMS	OF	V70	18
MULTIPLE DEPENDENT CLAIM PRESENT +130=		`	10
* If the difference in column 1 is less than zero, enter "0" in column 2	OF		
CLAIMS AS AMENDED - PART II	OR	•	858
(Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY			
TOTAL TOTAL CONTROL OF THE SECOND STATE OF THE	ADDI- ONAL FEE	RATE	ADDI- TIONAL FEE
AFTER AMENOMENT PREVIOUSLY EXTRA PAID FOR TOTAL	OR	X\$18=	36
Independent • S Minus ••• S = X39=	OR	X78=	727
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130=	OR		
TÖTAL	OR	TOTAL	
ADDIT. FEE (Column 1) (Column 2) (Column 3)		ADDIT FEE	
CLAIMS HIGHEST NUMBER PRESENT AL	DDI- DNAL EE	RATE	ADDI- TIONAL FEE
Total • 25 Minus • 38 = X\$ 9=	OR	X\$18=	
Independent • / Minus ••• 5 = X39= /	OR	X78=	
4130=	OR	+260=	/
TOTAL	<u>ار، ا</u>	TOTAL	
ADDIT. FEE (Column 1) (Column 2) (Column 3)		ADDIT. FEE	
CLAIMS REMAINING REMAINING AFTER PREVIOUSLY RATE RATE RATE RATE	DI- NAL EE	RATE	ADDI- TIONAL FEE
Total •) Minus ••) = X\$ 9=	OR	X\$18=	
Independent • Minus ••• Y = X39=		X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT/CLAIM	OR OR		——————————————————————————————————————
41 the ntry in column 1 is less than the entry in column 2, write "0" in column 3.	OR	+260=	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE OR ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.			
The Highest Number Provinces to Body Control on Indiana and a second as the second as			

Application or Docket Number